

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D		2-8-00
O.I.P.E. CLASSIFIER		15	2-25-00
FORMALITY REVIEW	M.M.	71629	4-6-00
RESPONSE FORMALITY REVIEW	M.M.	71629	6-28-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Best Available Copy

Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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